



**COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE
OFFICE OF PUBLIC SAFETY AND INSPECTIONS
STATE ATHLETIC COMMISSION**

PLEASE SUBMIT APPLICATION TO:
1 ASHBURTON PLACE, RM. 1301 BOSTON, MASSACHUSETTS 02108

APPLICATION FOR TRAINER'S LICENSE

(Please Type or Print Legibly)
(Illegible or incomplete applications will not be accepted)

☐ BOXING

☐ MMA

☐ MUAY THAI: _____

BACKGROUND INFORMATION

NAME _____
First Middle Initial Last

ADDRESS _____
Street City State Zip

DAYTIME TELEPHONE # (_____) _____ SOCIAL SECURITY # _____

DATE OF BIRTH ____ / ____ / ____ PLACE OF BIRTH _____

E-MAIL ADDRESS _____ OCCUPATION _____

EMPLOYER'S NAME _____ TELEPHONE # _____

EMPLOYER'S ADDRESS _____
Street City State Zip

HAVE YOU EVER BEEN LICENSED AS A TRAINER IN ANOTHER STATE? _____

IF YES, WHICH STATES? _____

NUMBER OF FIGHTERS YOU ARE PRESENTLY TRAINING? _____

PRIMARY LOCATION WHERE TRAINING OCCURS _____

[] (OPTIONAL)

Please check here if English is not your primary language AND your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	



THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION

(check box indicating compliance)

- ☐ \$50 application fee made payable to the Commonwealth (check or money order only)
- ☐ One passport photograph (2" x 2" in size) of the applicant's head (without headwear)
- ☐ Copy of a government issued photo identification (e.g.- driver's license)

AUTHORIZATION FOR RELEASE OF RMV INFORMATION

My signature below authorizes the Office of Public Safety and Inspections to electronically access my photograph from the Massachusetts Registry of Motor Vehicles database solely for use on this license/registration.

MA- RMV photo release signature

PLEASE OUTLINE YOUR EXPERIENCE AND EXPLAIN WHY YOU BELIEVE YOU ARE QUALIFIED TO HOLD A TRAINER'S LICENSE: (Use back of application for additional information.)

ATTESTATION

I hereby attest, under the pains and penalties of perjury, that the information provided above is true and accurate to the best of my knowledge. Further, I certify that I have filed all required tax returns and paid all state taxes as required by law.

Signature of applicant

Date

FOR COMMISSION USE ONLY

DATE OF COMMISSION REVIEW: _____

APPROVED _____ **DENIED** _____

DATE LICENSE MAILED: _____

REASON FOR DENIAL: